

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

CLAY COPE FOR CONGRESS

ADDRESS (number and street)

53 PECK ROAD

Check if different  
than previously  
reported. (ACC)

TORRINGTON

CT

06790

2. FEC IDENTIFICATION NUMBER ▼

C

C00605659

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

CT

05

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y  
04 / 20 / 2016

through

M M / D D / Y Y Y Y  
06 / 30 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer J Kenneth Nowell CPA

Signature of Treasurer

J Kenneth Nowell CPA

[Electronically Filed]

Date

M M / D D / Y Y Y Y  
07 / 15 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

CLAY COPE FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	16251.00	61621.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	16251.00	61621.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	17299.98	30642.07
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	17299.98	30642.07
8. Cash on Hand at Close of Reporting Period (from Line 27).....	30978.93	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	5400.00	

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

PAGE 3 / 20

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**CLAY COPE FOR CONGRESS**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	6

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:**

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

12260.00

53860.00

(ii) Unitemized.....

3241.00

7011.00

(iii) TOTAL of contributions from individuals ▶

15501.00

60871.00

(b) Political Party Committees.....

750.00

750.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

16251.00

61621.00

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:**

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

0.00

0.00

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

0.00

0.00

**16. TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

16251.00

61621.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 20

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	17299.98	30642.07
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	17299.98	30642.07

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	32027.91
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	16251.00
25. SUBTOTAL (add Line 23 and Line 24).....	48278.91
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	17299.98
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	30978.93

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 5 OF 20

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**CLAY COPE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**Anthony Anastasio**

Mailing Address 10 Jeremy Garden Lane

City

Woodbridge

State

CT

Zip Code

06525

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2016

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 30 / 2016

Transaction ID : SA11AI.4434

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Aliza Avital-Caplan**

Mailing Address 424 Madison Avenue

City

New York

State

NY

Zip Code

10017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emerald Equities

Occupation

Real Estate Broker

Receipt For: 2016

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

360.00

Date of Receipt

M M / D D / Y Y Y Y  
05 / 10 / 2016

Transaction ID : SA11AI.4319

Amount of Each Receipt this Period

360.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Jane Bate**

Mailing Address 454 Riverside Drive

City

Cheshire

State

CT

Zip Code

06410

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Capo Music Service

Occupation

Musician

Receipt For: 2016

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 22 / 2016

Transaction ID : SA11AI.4380

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1610.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 20

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

CLAY COPE FOR CONGRESS

Full Name (Last, First, Middle Initial)

Bruce Beutler

A.

Mailing Address 17 Sherwood Hill Dr.

City

Sherman

State

CT

Zip Code

06784

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EE Controls

Occupation

Sales

Receipt For: 2016

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1025.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		22		2016

Transaction ID : SA11AI.4365

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Guy Darter

B.

Mailing Address 309 Cedar Lane

City

Cheshire

State

CT

Zip Code

06410

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Darter Press

Occupation

Sales

Receipt For: 2016

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		07		2016

Transaction ID : SA11AI.4327

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Robert Dineen

C.

Mailing Address 103 Macedonia Brook Road

City

Kent

State

CT

Zip Code

06757

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired Attorney

Receipt For: 2016

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2016

Transaction ID : SA11AI.4393

Amount of Each Receipt this Period

2700.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4200.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:

PAGE 7 OF 20

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

CLAY COPE FOR CONGRESS

Full Name (Last, First, Middle Initial)

Martha C. Fransson

A.

Mailing Address 11 Dodge Drive

City

West Hartford

State

CT

Zip Code

06107

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2016

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

Transaction ID : SA11AI.4353

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Martha C. Fransson

B.

Mailing Address 11 Dodge Drive

City

West Hartford

State

CT

Zip Code

06107

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2016

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		22		2016

Transaction ID : SA11AI.4362

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Leora Levy

C.

Mailing Address 59 Peckslan Road

City

Greenwich

State

CT

Zip Code

06831

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2016

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

Transaction ID : SA11AI.4443

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 8 OF 20

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

CLAY COPE FOR CONGRESS

Full Name (Last, First, Middle Initial)

Sara Martineau

A.

Mailing Address 7983 Caruth Court

City

Dallas

State

TX

Zip Code

75225

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Homemaker

Receipt For: 2016

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Transaction ID : SA11AI.4403

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

J. Kenneth Nowell

B.

Mailing Address 97 Hickory Road

City

Torrington

State

CT

Zip Code

06790

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Theroux, Nowell &amp; Stoughton

Occupation

CPA

Receipt For: 2016

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2016

Transaction ID : SA11AI.4445

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Jeanne Olivier

C.

Mailing Address 434 E52nd Street, Apt. 4G

City

New York

State

NY

Zip Code

10022

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Shearman &amp; Sterling LLP

Occupation

Attorney

Receipt For: 2016

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2016

Transaction ID : SA11AI.4392

Amount of Each Receipt this Period

2700.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

2900.00

TOTAL This Period (last page this line number only).....



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 9 OF 20

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

CLAY COPE FOR CONGRESS

Full Name (Last, First, Middle Initial)

Edith Palmer

A.

Mailing Address 22 Laroe Road

City

Chester

State

NY

Zip Code

10918

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2016

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		17		2016

Transaction ID : SA11AI.4345

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Christopher Pelzar

B.

Mailing Address 70 High Valley Drive

City

Canton

State

CT

Zip Code

06019

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Activate the Space, LLC

Occupation

Owner

Receipt For: 2016

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		21		2016

Transaction ID : SA11AI.4384

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Mary Robertson

C.

Mailing Address 28 Jewett Hill Road

City

Sharon

State

CT

Zip Code

06069

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2016

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		10		2016

Transaction ID : SA11AI.4331

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 10 OF 20

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

CLAY COPE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Randy Wexler

Mailing Address 75 Reverknolls

City

Avon

State

CT

Zip Code

06001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2016

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		13		2016

Transaction ID : SA11AI.4441

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. C. Webb Williams

Mailing Address 1211 Meadow Ridge Road

City

Redding

State

CT

Zip Code

06896

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2016

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Transaction ID : SA11AI.4432

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Laureta Williams

Mailing Address 5905 Sugar Hill Rd.

City

Houston

State

TX

Zip Code

77057

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2016

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		11		2016

Transaction ID : SA11AI.4317

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

800.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 11 OF 20

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

CLAY COPE FOR CONGRESS

Full Name (Last, First, Middle Initial)

Frederick Zollo

Mailing Address 234 W. 44th Street

Suite 1003

City

New York

State

NY

Zip Code

10036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Frederick Zollo Productions

Occupation

Theatre producer

Receipt For: 2016

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		17		2016

Transaction ID : SA11Al.4349

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

250.00

12260.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 20

☐ 11a 12 ☒ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)

**CLAY COPE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Middlebury Republican Town Committee**

Mailing Address P.O. Box 1206

City

Middlebury

State

CT

Zip Code

06762

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 22 / 2016

Transaction ID : SA11B.4483

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Sherman Republican Town Committee**

Mailing Address P.O. Box 752

City

Sherman

State

CT

Zip Code

06784

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 22 / 2016

Transaction ID : SA11B.4485

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**  
Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify)

☐ General

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

750.00

750.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 20

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**CLAY COPE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Arrow Printers Inc**

Mailing Address 311 Main St

City	State	Zip Code
Ansonia	CT	06401

Purpose of Disbursement  
Stationery

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) Convention

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		01		2016

Amount of Each Disbursement this Period

65.94
-------

☐ Memo Item

Transaction ID : SB17.4458

**B. Arrow Printers Inc**

Mailing Address 311 Main St

City	State	Zip Code
Ansonia	CT	06401

Purpose of Disbursement  
Stationery

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) Convention

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		10		2016

Amount of Each Disbursement this Period

26.59
-------

☐ Memo Item

Transaction ID : SB17.4460

**C. Arrow Printers Inc**

Mailing Address 311 Main St

City	State	Zip Code
Ansonia	CT	06401

Purpose of Disbursement  
Printing of fundraising package

003

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		03		2016

Amount of Each Disbursement this Period

307.62
--------

☐ Memo Item

Transaction ID : SB17.4477

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

400.15

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 20

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**CLAY COPE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. CONNECTICUT REPUBLICAN PARTY**

Mailing Address 31 PRATT STREET 4TH FLOOR

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		20		2016

City	State	Zip Code
Hartford	CT	06103

Amount of Each Disbursement this Period

250.00
--------

Purpose of Disbursement  
Booth rental for convention

007

☐ Memo Item

Candidate Name

Category/  
Type

Transaction ID : SB17.4454

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify)	Convention

State:

District:

Full Name (Last, First, Middle Initial)

**B. CONNECTICUT REPUBLICAN PARTY**

Mailing Address 31 PRATT STREET 4TH FLOOR

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		21		2016

City	State	Zip Code
Hartford	CT	06103

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Event attendance

007

☐ Memo Item

Candidate Name

Category/  
Type

Transaction ID : SB17.4472

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C. William Evans**

Mailing Address 325 Celia Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		13		2016

City	State	Zip Code
Wolcott	CT	06705

Amount of Each Disbursement this Period

431.00
--------

Purpose of Disbursement  
Reimburse event attendance

007

☐ Memo Item

Candidate Name

Category/  
Type

Transaction ID : SB17.4464

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify)	Convention

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1681.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 20

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**CLAY COPE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. William Evans**

Mailing Address 325 Celia Drive

Date of Disbursement

M M	D D	Y Y Y Y
05	13	2016

City	State	Zip Code
Wolcott	CT	06705

Amount of Each Disbursement this Period

513.55
--------

Purpose of Disbursement  
Reimburse meals

002

☐ Memo Item

Candidate Name

Category/  
Type

Transaction ID : SB17.4465

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) Convention

State:

District:

Full Name (Last, First, Middle Initial)

**B. William Evans**

Mailing Address 325 Celia Drive

Date of Disbursement

M M	D D	Y Y Y Y
05	13	2016

City	State	Zip Code
Wolcott	CT	06705

Amount of Each Disbursement this Period

1450.00
---------

Purpose of Disbursement  
Reimburse Database Management costs

007

☐ Memo Item

Candidate Name

Category/  
Type

Transaction ID : SB17.4466

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) Convention

State:

District:

Full Name (Last, First, Middle Initial)

**C. Voter Trove, Inc.**

Mailing Address 921 Cavalry Ride Trail

Date of Disbursement

M M	D D	Y Y Y Y
05	13	2016

City	State	Zip Code
Austin	TX	78732

Amount of Each Disbursement this Period

1450.00
---------

Purpose of Disbursement  
Formatting data, database mgmt Get Out Our VoteCategory/  
Type☒ Memo Item

Candidate Name

Transaction ID : SB17.4466.0

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) Convention

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1963.55

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 20

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**CLAY COPE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. William Evans**

Mailing Address 325 Celia Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		13		2016

City	State	Zip Code
Wolcott	CT	06705

Amount of Each Disbursement this Period

Purpose of Disbursement  
Reimburse email management

001

35.00

Candidate Name

☐ Memo Item

Transaction ID : SB17.4468

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention

Full Name (Last, First, Middle Initial)

**B. William Evans**

Mailing Address 325 Celia Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		21		2016

City	State	Zip Code
Wolcott	CT	06705

Amount of Each Disbursement this Period

Purpose of Disbursement  
Field Management and advisory services

001

3000.00

Candidate Name

☐ Memo Item

Transaction ID : SB17.4473

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention

Full Name (Last, First, Middle Initial)

**C. Brian Hamel**

Mailing Address 6206 MacArthur Blvd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		30		2016

City	State	Zip Code
Bethesda	MD	20816

Amount of Each Disbursement this Period

Purpose of Disbursement  
Salary - Technology Director

001

429.75

Candidate Name

☐ Memo Item

Transaction ID : SB17.4461

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention

**SUBTOTAL** of Disbursements This Page (optional).....

3464.75

**TOTAL** This Period (last page this line number only).....



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 20

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**CLAY COPE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Holly Robichaud d/b/a Tuesday Associates**

Mailing Address 60 New Driftway, Suite 18

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		03		2016

City	State	Zip Code
Scituate	MA	02066

Amount of Each Disbursement this Period

1500.00
---------

Purpose of Disbursement  
Fundraising services

003

☐ Memo Item

Candidate Name

Category/  
Type

Transaction ID : SB17.4475

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial)

**B. Holly Robichaud d/b/a Tuesday Associates**

Mailing Address 60 New Driftway, Suite 18

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		03		2016

City	State	Zip Code
Scituate	MA	02066

Amount of Each Disbursement this Period

956.14
--------

Purpose of Disbursement  
Production costs-fundraising package

003

☐ Memo Item

Candidate Name

Category/  
Type

Transaction ID : SB17.4478

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial)

**C. Holly Robichaud d/b/a Tuesday Associates**

Mailing Address 60 New Driftway, Suite 18

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		28		2016

City	State	Zip Code
Scituate	MA	02066

Amount of Each Disbursement this Period

1256.75
---------

Purpose of Disbursement  
Production costs-fundraising package

003

☐ Memo Item

Candidate Name

Category/  
Type

Transaction ID : SB17.4480

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3712.89

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 20

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**CLAY COPE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Holly Robichaud d/b/a Tuesday Associates**

Mailing Address 60 New Driftway, Suite 18

City	State	Zip Code
Scituate	MA	02066

Purpose of Disbursement  
Fundraising services

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2016

Amount of Each Disbursement this Period

1500.00
---------

☐ Memo Item

Transaction ID : SB17.4479

**B. George Linkletter**

Mailing Address 98 Route 37 S

City	State	Zip Code
Sherman	CT	06784

Purpose of Disbursement  
Reimbursements-travel/meals

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify)	Convention

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		12		2016

Amount of Each Disbursement this Period

323.00
--------

☐ Memo Item

Transaction ID : SB17.4462

**c. George Linkletter**

Mailing Address 98 Route 37 S

City	State	Zip Code
Sherman	CT	06784

Purpose of Disbursement  
Field management and advisory services

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify)	Convention

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		13		2016

Amount of Each Disbursement this Period

3000.00
---------

☐ Memo Item

Transaction ID : SB17.4463

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4823.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 20

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**CLAY COPE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Piryx, Inc.**Mailing Address 144 2nd St.  
Floor 1

City San Francisco State CT Zip Code 94105-3718

Purpose of Disbursement  
CC charges - 4/20 through 6/30

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
06	30	2016

Amount of Each Disbursement this Period

243.57
--------

☐ Memo Item

Transaction ID : SB17.4496

**B. Theroux, Nowell & Stoughton LLC**

Mailing Address 53 Peck Road

City Torrington State CT Zip Code 06790

Purpose of Disbursement  
Accounting fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☐ General  
☒ Other (specify) Convention

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
05	01	2016

Amount of Each Disbursement this Period

737.50
--------

☐ Memo Item

Transaction ID : SB17.4456

**C. United States Treasury**

Mailing Address Electronic Payment

City Cincinnati State OH Zip Code 45999

Purpose of Disbursement  
Payroll taxes

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☐ General  
☒ Other (specify) Convention

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
04	20	2016

Amount of Each Disbursement this Period

217.00
--------

☐ Memo Item

Transaction ID : SB17.4491

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1198.07

17243.41

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 20 OF 20

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**CLAY COPE FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Linda McMahon**

Nature of Debt (Purpose):

3rd cycle contribution-refund due 8/6/16

Mailing Address 14 Hurlingham Court

City State

Zip Code

Greenwich

CT

06831

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4488

Amount Incurred This Period

2700.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2700.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Vincent McMahon**

Nature of Debt (Purpose):

3rd cycle donation-refund due 8/6/16

Mailing Address 14 Hurlingham Court

City State

Zip Code

Greenwich

CT

06831

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4489

Amount Incurred This Period

2700.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2700.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

5400.00

2) **TOTALS** This Period (last page this line number only) ..... ▶

5400.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

5400.00